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DEC 21 2005

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FACSIMILE TRANSMISSION COVER SHEET

Date: December 21, 2005

To: United States Patent and Trademark Office
Examiner: Grier, Laura A.; Art Unit: 2644

Fax: (571) 273-8300

Re: **Application Serial No.: 10/054,359**
Filing Date: 1/17/2002; First-Named Inventor: Chen
Attorney Docket No.: 0120101

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 21

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated October 7, 2005.

Payment for Extra Claim Fee in the Amount of \$600.00 is hereby enclosed on Form PTO-2038.

Thank you.

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DEC 21 2005

Attorney Docket No.: 0120101
Application Serial No.: 10/054,359

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Chen, et al.	Group Art Unit: 2644
Application Serial No.: 10/054,359	Examiner: Grier, Laura A.
Filed: January 17, 2002	
Title: Efficient Head Related Transfer Function Filter Generation	

AMENDMENT AND RESPONSE TO *NON-FINAL* OFFICE ACTIONCommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This Amendment and Response is submitted in response to the *Non-Final* Office Action, dated October 7, 2005, in the above-referenced patent application. Please enter and consider the following remarks.

12/22/2005 TL0111 00000011 10054359

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Attorney Docket No.: 0120101

AMENDMENT COVER SHEETIN RE APPLICATION OF: Chen, et al.SERIAL NO.: 10/054,359 FILED: 1/17/2002FOR: Efficient Head Related Transfer Function Filter GenerationHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.☒ The fee has been calculated as shown below:☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00☒ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	30	MINUS **34	* = 0	x 50	x 25	\$
INDEPENDENT	7	MINUS ***4	* = 3	x 200	x 100	\$ 600
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 600.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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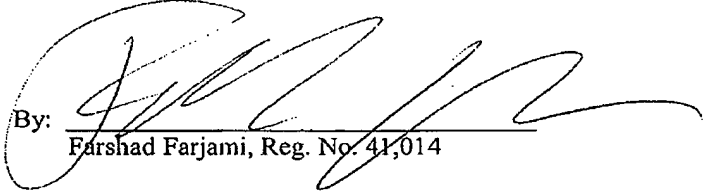
Attorney Docket No.: 0120101

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- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date:

12/21/05

By:


Farshad Farjami, Reg. No. 41,014

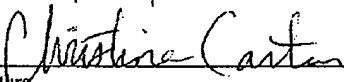
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Date

12/21/05

Signature



Christina Carter

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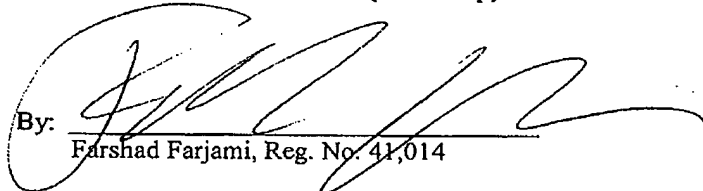
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